

November 21, 2013

Subject: 1115 Waiver

As Director of Illinois Policy at the Ounce of Prevention Fund, I appreciate the opportunity to provide comments in response to “The Path to Transformation: Concept Paper for an 1115 Waiver for Illinois Medicaid”.

The concept paper rightly recognizes under Pathway 1, the importance of “a renewed emphasis on the social determinants of health”, and under Pathway 3, the importance of “investing in evidence-based prevention and wellness-focused strategies”. Early childhood home visiting programs, which pair at-risk families with trained professionals who provide vital information and support, have been demonstrated to improve the comprehensive health of children and their families by supporting parents’ ability to provide a safe, supportive, and healthy early learning environment.

Illinois has long valued evidence-based home visiting programs as an effective and efficient strategy for improving the life trajectory of expectant and new families who are at risk for poor health, educational, economic and social outcomes by improving maternal and child health, reducing the risk of child abuse and neglect, improving self-sufficiency and increasing children’s readiness for school. Over the past three decades, Illinois has reflected this value by developing a robust statewide home visiting system that cuts across agencies and funding streams, reaching from the highest levels of government to the providers on the ground. This system already includes community health workers, described under Pathway 3, which home visiting programs frequently use to provide doula and other outreach services. However, many more families are in need of these services.

The Ounce of Prevention Fund strongly urges you to consider including home visiting programs under the State’s 1115 waiver application. For the reasons outlined below, we believe that accessing additional federal funding for home visiting through Medicaid will advance Pathway 1: HCBS Infrastructure, Coordination and Choice and Pathway 3: Population Health as articulated in the concept paper.

The Ounce of Prevention Fund

The Ounce of Prevention Fund’s mission is to give children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from birth to age five. To achieve our mission, the Ounce has embraced an ambitious vision: high-quality early learning opportunities that prepare children for success in school and in life are an integral part of our nation’s education system.

We work on multiple levels in Illinois and across the country to improve outcomes for young children in poverty. In the birth to three years and with pregnant mothers, integral to this vision is a strategic and intense focus on home visiting services for the most at-risk families. The Ounce collaborates closely with and provides expertise for local, state, and federal agencies that fund home visiting in Illinois, including: the Illinois Department of Human Services (IDHS), the Illinois State Board of Education (ISBE), the Illinois Department of Children and Family Services (DCFS), the Home Visiting Task Force (HVTF) of the Illinois Early Learning Council, and the Governor's Office of Early Childhood Development (GOECD). The Ounce also directly operates home visiting programs in communities across the state, including the Ounce-designed doula program for at-risk teen mothers, which is currently being expanded and studied in a randomized control trial. Importantly, the Ounce has led state-wide efforts to create a robust training institute to further professional development in the field through the Ounce Institute, which provides high-quality wraparound training to 95% of the home visiting workforce in Illinois, building home visitors' capacity to improve outcomes for children and families. Evaluations confirm the effectiveness and quality of the training institute, and our expertise in home visiting is recognized in Illinois and nationally.

Home Visiting and Health

The foundation of many of the skills and capabilities needed to succeed in adulthood begins in the first five years of life, with the prenatal period through the first three years of life being particularly critical. This critical period lays either a strong or fragile foundation for later health, cognitive and social-emotional development, and behavior. Babies born into environments with certain risk factors including poverty and domestic violence are more likely to experience poorer health, which results in negative health outcomes throughout their lives.

Just as the root of these challenges lies in the earliest years, so does the solution. Focusing on at-risk families during the most critical period of brain development, voluntary home visiting programs promote positive parenting practices and build healthy parent-child relationships, which makes them an essential strategy for reducing child abuse and neglect, improving health outcomes for mothers and children, and increasing school readiness. National and Illinois-specific research studies show that high-quality evidence-based home visiting programs result in the following positive health outcomes for children and their families:

- Fewer subsequent pregnancies within two years, and longer birth intervals, both of which are important indicators in improved birth outcomes. They also show fewer birth complications for subsequent pregnancies. Also consistent with these metrics is a trending reduction in admissions to neonatal intensive care units for subsequent births.
- Higher likelihood of children being fully immunized. According to the Centers for Disease Control and Prevention (CDC), every dollar spent on childhood immunizations results in a savings of \$18.40 from future medical and other societal costs.
- Lower incidence of children needing treatment for injuries.
- Increased rates of breastfeeding.
- More linkages to medical home and utilization of well-child visits. A study published in the July 2001 issue of *Pediatrics* found that the likelihood of avoidable hospitalizations was reduced by 48% for Medicaid children who were up to date with well child visits. A 2003 cost analysis related to this study conducted by the University of Washington found that this reduction in hospitalization resulted in an annual Medicaid savings of at least \$591, 893.
- Reduced risk for child maltreatment due to the promotion of positive parenting skills.

Medicaid Funding for Home Visiting

If Illinois were to include home visiting programs in the services covered under the 1115 Medicaid waiver, it would be joining the growing ranks of states that fund home visiting services via Medicaid. Michigan, Minnesota, Montana, Ohio, and Oklahoma are among the states that are implementing this innovative financing strategy to pay for home visiting. Some of these states have integrated Medicaid reimbursement for home visiting services into managed care, and combination managed care and fee-for-service systems. Services reimbursed include transportation to and from home visits, parenting education, screenings, family plan development, and assessments.

Workforce and Behavioral Health

We commend your commitment to building the healthcare workforce. That commitment is apparent throughout the concept paper. However, we would encourage you to ensure that you explicitly include the behavioral health workforce as well. For example, in the workforce bullet on page 5, there is a broad statement about preparing a

21st century workforce. We believe that statement would be strengthened by making the explicit statement that this is inclusive of the behavioral health workforce. Similarly, we applaud the exemplary strategies to use more non-physician providers such as physician's assistants and nurse practitioners discussed in Pathway 4 on page 12. The mismatch between provider demand and supply in behavioral health can be even more severe than in physical health. For this reason, all of the exemplary strategies outlined in Pathway 4 should be expanded to apply to the use of psychologists and licensed clinical social workers. Further, where there is a discussion of the current challenges in the behavioral health system under 1b on page 7, we recommend that you ensure that a full range of behavioral health providers can participate in the system by establishing a rules process on PA95-518, the social work Medicaid reimbursement law. Fully including already licensed clinical social workers as part of the behavioral health integration and expansion plans improves the availability of behavioral health services at community level.

Conclusion

Thank you again for the opportunity to provide comments on the State's 1115 Medicaid waiver. For the reasons outlined above, The Ounce strongly believes that including home visiting programs under the new services provided under the waiver will advance the State's healthcare redesign goals, particularly Pathway 1: HCBS Infrastructure, Coordination and Choice and Pathway 3: Population Health. As the Illinois Public Health Association stated in its recent testimony to the Illinois State Board of Education: "Investment in early childhood development is a public health strategy. Our children's health is the future wealth of our society."

If you have any questions or would like additional information on anything mentioned in these comments, please do not hesitate to contact me as you weigh your decision.

Sincerely,



Nancy Radner
Director, Illinois Policy
Ounce of Prevention Fund